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**COMBINED DECLARATION AND POWER OF ATTORNEY**  
**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT)**

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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: **MISSILE WITH MULTIPLE NOSECONES**

the specification of which

☒ is attached hereto, or

☐ was filed as United States Application or PCT International Application (give Express Mail label number and deposit date if Application number not yet known):

Application No.:  
(Express Mail Label No.)  
Filing Date:  
(Deposit Date)  
Amended on (if applicable):

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations § 1.56(a).

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. 120**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Application No.	Filing Date	Patent Number

**CLAIM FOR BENEFIT OF EARLIER U.S. PROVISIONAL APPLICATION(S) UNDER 35 U.S.C. 119(e)**

I hereby claim the benefit under 35 USC 119(e) of any United States provisional application(s) that is/are listed below

Application No.	Filing Date
60/484,197	7/1/03

# POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Name	Registration No.	Name	Registration No.
Jonathan A. Platt	41,255	Thomas J. Finn	40,866
Mark D. Saralino	34,243	Glenn H. Lenzen, Jr.	29,320
Colin M. Raufer	40,781	Cynthia S. Murphy	33,430
		M. David Galin	41,767

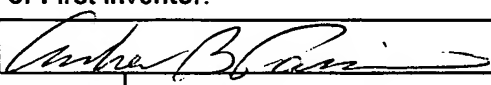
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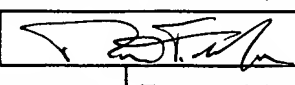
Jonathan A. Platt  
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## Direct Telephone Calls To:

Name: Jonathan A. Platt  
Tel. No: 216/621-1113  
Fax No: 216/621-6165

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.

<b>Full Name of Sole or First Inventor:</b>		Andrew B. Facciano	
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<b>Full Name of Additional Joint Inventor (if any):</b>		Robert T. Moore	
Inventor's signature:		Date:	10/20/03
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CHECK FOR ANY OF THE FOLLOWING ADDED PAGES(S) WHICH  
FORM A PART OF THIS DECLARATION

- ☒ Signature for third and subsequent joint inventors. Number of pages added 1.
- ☐ Added page to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
- ☐ This declaration ends with this page.

End of Declaration and Power of Attorney (D-US-1.FRM)

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**ADDITIONAL INVENTORS**

<b>Full Name of Additional Joint Inventor:</b> James E. Parry			
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<b>Full Name of Additional Joint Inventor:</b> <i>John T. White</i> JOHN TERRY WHITE			
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<b>Full Name of Additional Joint Inventor:</b>			
Inventor's signature:		Date:	
Residence: (City & State/Country):		Citizenship:	
Post Office Address:			

<b>Full Name of Additional Joint Inventor:</b>			
Inventor's signature:		Date:	
Residence: (City & State/Country):		Citizenship:	
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